

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583275

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		2				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9	1					
10		1				
11		2				
12		2				
13	1					
14		1				
15		1				
16	1					
17		1				
18		①				
19		①				
20		①				
21		1				
22		1				
23		2				
24		①				
25		①				
26		①				
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48						
49						
50						
TOTAL IND.	4	↓	0	↓	0	↓
TOTAL DEP.	27	←	0	←	0	←
TOTAL CLAIMS	31		0		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	